

Michigan Mental Health Courts

2012 Annual Report and Evaluation Summary



Project Years

October 1, 2009 – September 30, 2010

October 1, 2010 – September 30, 2011

October 1, 2011 – September 30, 2012

*Provided by the
Michigan Supreme Court
State Court Administrative Office*

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Executive Summary

- **One year after beginning a mental health court program, mental health court participants' recidivism rate was well over 300 percent lower than that of a comparison group of similar offenders.** *After 12 months, 5.26 percent of mental health court participants had been reconvicted, while 19.18 percent of the comparison group had been reconvicted during the same time frame.*
- **Mental health court participants continued to maintain a lower recidivism rate compared to similar offenders, even one year after mental health court services have ceased.** *After 30 months, 18.97 percent of mental health court participants had been reconvicted compared to 43.22 percent of the comparison group.*
- **Mental health court graduates improved their education, employment status, mental health, and quality of life.** *Twenty-eight percent of graduates showed education level improvements prior to graduation. Twenty-three percent gained improvements in employment prior to graduation. Ninety-seven percent were assessed as having improved their mental health and ninety-six percent were assessed as having improved quality of life as a result of the program.*
- **More than 300 participants successfully completed a mental health court program.** *Forty-five percent of participants graduated since October 1, 2010.*

Introduction

The Michigan Mental Health Court Grant Program (MMHCGP) targets offenders who have diagnosed severe and persistent Axis I mental illnesses and offers them the opportunity to participate in a court-based treatment program to address their mental illness instead of sentencing the offenders to lengthy jail or prison terms. The MMHCGP includes intense judicial oversight, treatment through local community mental health service providers, drug testing when appropriate, referrals to community services such as housing or clothing resources, enrollment in educational classes and certificate programs, transportation assistance, and assistance with obtaining employment. Courts that receive funds collaborate closely with community mental health service providers to ensure participants have access to a wide range of treatment services.

The State Court Administrative Office (SCAO) provides access to a free web-based case management system, called the Specialty Court Case Management System (SCCM), which all mental health courts in Michigan may use to record participants' progress and collect program-related data. Mental health courts funded under the MMHCGP are required to utilize the system. Some programs funded through other means have also chosen to use the SCCM to assist with their program evaluation efforts. Table 1 shows the mental health courts operating in Michigan. All mental health court programs utilizing the SCCM were included in this annual report and evaluation summary.

Table 1
Operational Michigan Mental Health Courts
as of January 2013

*Allegan	57th District Court
Berrien	Berrien County Unified Trial Court
*‡Cheboygan/Presque Isle	53rd Circuit Court
Genesee (Adult)	7th Circuit Court
*‡Genesee (Juvenile)	7th Circuit Court
Grand Traverse	86th District Court
*Grand Traverse (Juvenile)	13th Circuit Court
Jackson	12th District Court
*‡Kalamazoo	8th District Court
Livingston	53rd District Court
*‡Montcalm	8th Circuit Court
*‡Muskegon	60th District Court
Oakland	6th Circuit Court
Saginaw	70th District Court
St. Clair	72nd District Court
Wayne	3rd Circuit Court

* Courts not receiving funding through the SCAO.

‡ Courts not utilizing the SCCM.

Performance Outcomes

October 1, 2009 – September 30, 2012

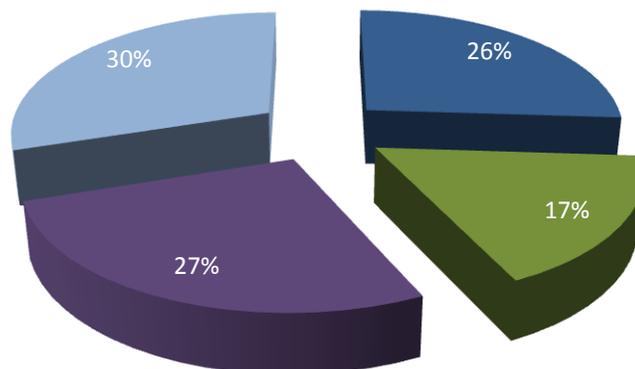
Several factors can be used to evaluate the success of mental health courts, including completion of the program, improvement in employment or education, improvement in mental health, improvement in quality of life, medication compliance, consecutive sobriety days, and criminal recidivism.

Completions

Of the 737 individuals discharged from Michigan mental health courts, 331 (45 percent) successfully completed a mental health court program during fiscal years 2010 through 2012. The successful completion rates ranged from 33 percent among those with a felony offense to 59 percent among those with a city ordinance offense. Misdemeanants had a completion rate of 53 percent and those charged with a civil/petition charge type had a completion rate of 50 percent. The graph below identifies what proportion of the successful completions was comprised by each charge type.

**Percent of Successful Completions
by Charge Type
Fiscal Years 2010 - 2012**

■ Civil/Petition ■ Felony ■ Misdemeanor ■ City Ordinance



Improvement in Employment and Education

Despite the continual economic difficulties in Michigan, many successful participants were able to improve their employment status by the time they graduated from mental health court. Among felony participants, 39 percent were able to improve their employment status and an additional 18 percent of misdemeanor participants improved their employment status while participating in mental health court programs. Among graduates who had a civil petition upon admittance into the program, one of four had improved their employment status upon completion. Misdemeanor and felony participants were most likely to improve their education level while in mental health court programs, at 29 percent and 27 percent respectively.

Improvement in Quality of Life and Mental Health

All of the individuals with civil petitions who successfully completed mental health court programs graduated with improved mental health and an improved quality of life, as measured by assessment tools administered by the participants' treatment providers. Of the felony offenders, 99 percent graduated with improved mental health and 100 percent graduated with an improved quality of life. Of misdemeanant graduates, 96 percent had improved mental health and 94 percent had an improved quality of life. Of the graduates that entered the program with a city ordinance type of charge, 91 percent had improvement in both their mental health and quality of life.

Medication Compliance

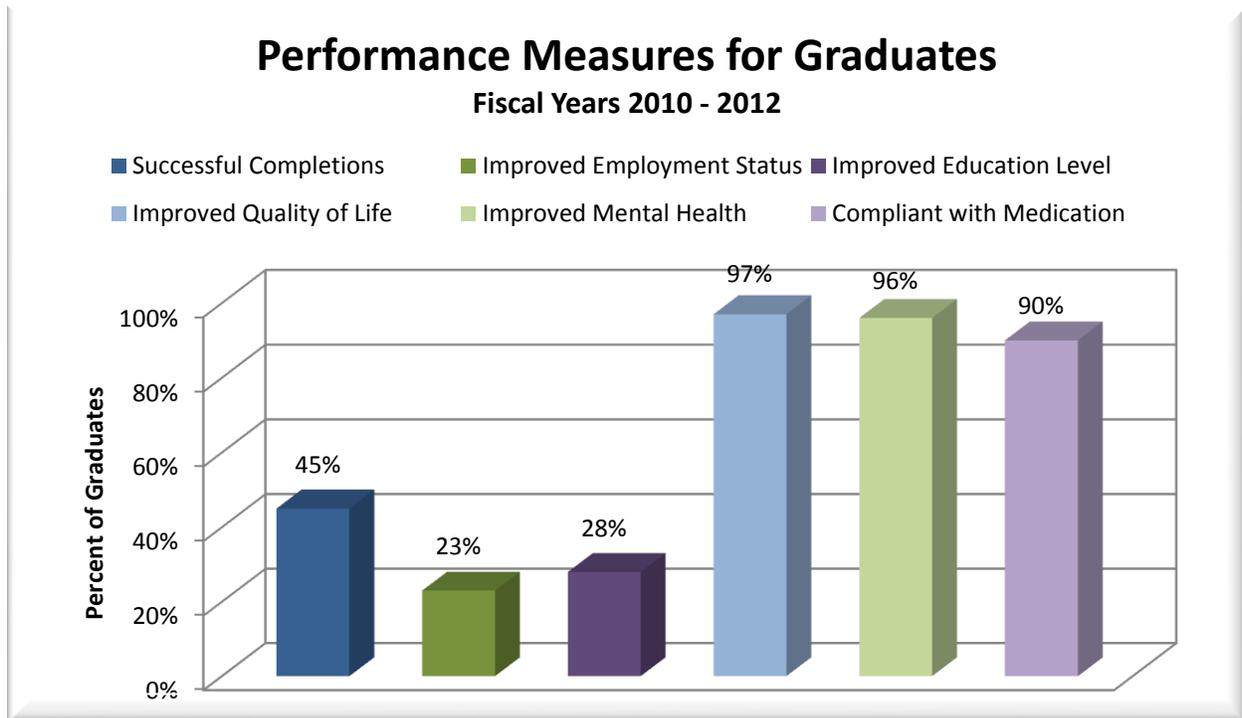
Mental health court participants' medication compliance was monitored by program staff through a variety of methods, including pill counting, pharmacy pick-ups, medication injections, and urine testing. Overall, 90 percent of successful participants were compliant with their medications upon graduation. Compliance was highest for successful participants with civil petitions at 100 percent. City ordinance violators and felony participants had high compliance rates as well, at 96 and 93 percent respectively, while misdemeanants had a compliance rate of 88 percent.

Consecutive Sobriety Days

Well over half of mental health court participants (57 percent) had a co-occurring substance use disorder at the time of their admission. One of the goals of mental health court

is to ensure that all diagnosed disorders are addressed. Hence, mental health court participants receive drug and alcohol tests to monitor and ensure abstinence from drugs that are not prescribed and from alcohol use. Successful participants with a civil petition averaged 341 days of sobriety, while participants with a city ordinance violation averaged 319 consecutive days of sobriety. The successful felony participants averaged 314 consecutive days of sobriety at graduation, while successful misdemeanor participants averaged 300 consecutive days of sobriety at graduation.

The graph below identifies the improvements that graduates made during the mental health court program.



Recidivism

Sample Selection for Recidivism Data

The gold standard for evaluations is random assignment of participants to treatment or control groups. Under random assignment, all individuals would be screened, assessed, diagnosed, and found to be eligible for the services of the mental health court program. At the point of admission, half of the participants would be randomly assigned to participate in the mental health court program (treatment group), while half of the participants would be turned away from the program and would proceed through the legal system as if the program did not exist (control group). This ensures that there are no systematic differences in the characteristics of the participants in the treatment and control groups at the beginning of the evaluation and allows researchers to claim that differences identified between the two groups at the end of the study are due to the effects of the mental health court program.

While random assignment is preferred from an evaluation standpoint, it is not always preferred from an ethical perspective because individuals who are eligible to receive treatment are denied those services even though the resources are available. Hence, random assignment is often limited to instances where a program has reached capacity and must turn away some of the applicants. When a program is in its infancy, however, many evaluators choose to use comparison groups rather than control groups to avoid unintentional harm to eligible participants. Comparison groups are not constructed by random assignment, but instead are comprised of individuals who are similar to the treatment group participants in a variety of characteristics, but who did not receive the treatment in question. In studies of criminal recidivism, examples of comparison group participants may be standard probationers, those in treatment programs other than mental health court, or those screened for mental health court but found to be ineligible. Each approach has flaws when measured against the merits of random assignment. However, if a comparison group is constructed with attention to ensuring that the included participants are similar to those in the treatment group, comparison groups are valuable reference points to examine the impact of a program.

The mental health court participants included in recidivism analyses were participants who had been diagnosed with a severe and persistent mental illness and a co-occurring substance use disorder at admission to a mental health court and successfully completed the mental health court program. The comparison group was comprised of offenders who were screened by a Michigan drug court program, but were not admitted into the program because of a severe mental illness that was more prominent than their co-occurring diagnosed substance use disorder. A subset of each population was then randomly selected and evaluated for comparability. The two subset groups were comparable on age¹, gender², race³, employment status⁴, and education level⁵, as well as the number of prior felonies and misdemeanors.⁶ They were not comparable on the charge type for which they were referred to a drug or mental health court program.⁷

The names, dates of birth, last four digits of Social Security Numbers, and genders of the individuals in the mental health court group and comparison group were matched against the same identifying information in the Michigan Judicial Data Warehouse. Any new conviction after the individual's admission into a mental health court or rejection from a drug court was identified as recidivism. Examples of convictions included violent offenses, property offenses, breaking and entering or home invasion, controlled substance use or possession, controlled substance manufacturing or distribution, other drug offenses, driving under the influence of drugs or alcohol first offense, driving under the influence of drugs or alcohol second offense, driving under the influence of drugs or alcohol third offense, other alcohol offenses, and traffic offenses.

¹ Mental health court participants averaged 34.57 years, while comparison participants averaged 35.24 years, $t(1, 261) = 0.462$, $p > 0.05$.

² Sixty percent of the mental health court group was male, while the 50 percent of the comparison group was male, $\chi^2(1, 261) = 2.214$, $p > 0.05$.

³ Seventy-five percent of the mental health court group was Caucasian, while 84 percent of the comparison group was Caucasian, $\chi^2(1, 241) = 12.118$, $p > 0.05$.

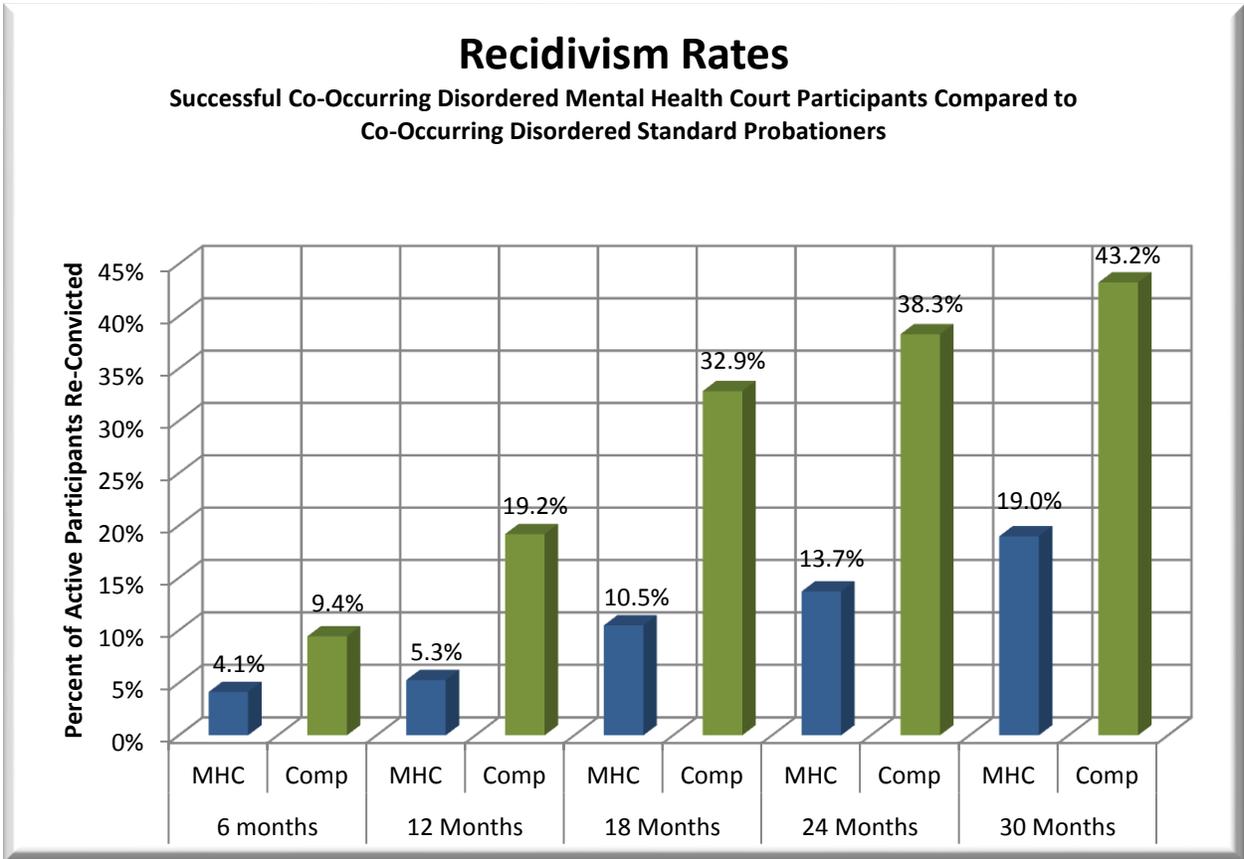
⁴ Fifty percent of the mental health court group was unemployed, while 61 percent of the comparison group was unemployed, $\chi^2(1, 241) = 3.697$, $p > 0.05$.

⁵ Thirty-four percent of the mental health court group had less than or equal to an eleventh grade education, while 30 percent of the comparison group had the same education level, $\chi^2(1, 241) = 12.997$, $p > 0.05$.

⁶ Mental health court participants averaged 1.99 prior felonies, while the comparison group averaged 1.64 prior felonies, $t(1, 212) = .777$, $p > 0.05$. Mental health court participants averaged 3.58 prior misdemeanors, while comparison participants averaged 4.44 prior misdemeanors, $t(1, 212) = 1.247$, $p > 0.05$.

⁷ Thirty-nine percent of mental health court participants entered the program on a felony charge type, while 56 percent of the comparison group had a felony charge type when they were referred for screening into a drug court program, $\chi^2(1, 256) = 13.030$, $p < 0.05$.

Several time frames were selected in order to calculate new conviction rates among the two groups. Recidivism rates were calculated at 6-, 12-, 18-, 24-, and 30-month periods after the mental health participant was admitted into the program or the comparison group member was screened and rejected from the drug court program.



Six months after admission into a mental health court program or rejection from a drug court program, 4.12 percent of mental health court participants (N = 97) were convicted of a new offense; 9.43 percent of the comparison group members (N = 159) were convicted of a new offense within 6 months. The difference in the recidivism rates among the two groups, however, was not statistically significant⁸.

Mental health court participants had a lower recidivism rate 12 months after their admission into the program when compared to the comparison group members. The recidivism rate for the mental health court participants (N = 95) was 5.26 percent, compared to the recidivism rate for the comparison group (N = 146) at 19.18 percent. The comparison group

⁸ $t(1,255) = 1.721, p > 0.05$

had more than three times the recidivism rate of the mental health court participants, and the difference between groups was statistically significant.⁹

When recidivism rates are compared at the 6- and 12-month time intervals, participants of the mental health court programs are still participating in the program and have not yet graduated. Hence, the mental health court participants are under close judicial monitoring, are receiving treatment and medication compliance checks, are being drug tested regularly, and have the support of a team of professionals who are able to assist as problems arise. Recidivism rates calculated at 18-, 24-, and 30-month time intervals are more telling because the participants are no longer under the jurisdiction of the mental health court.

When comparing the groups' recidivism rates after 18 months, the recidivism rates continued to differ significantly.¹⁰ Mental health court participants (N = 86) had a 10.47 percent recidivism rate, while the comparison group members' (N = 137) recidivism rate was more than three times higher at 32.85 percent.

After 24 months, most mental health court participants have been free of the court's jurisdiction for almost 1 year. The impact of mental health court continued well beyond program participation. When recidivism rates were calculated after 24 months, the mental health court participants (N = 73) had a recidivism rate of 13.70 percent, while the comparison group (N = 128) had a 38.28 percent recidivism rate. This reduced recidivism rate for mental health court participants compared to the comparison group was statistically significant,¹¹ as well.

Lastly, recidivism was measured at a 30-month time interval. The percentage of mental health court participants (N = 58) convicted of a new offense was 18.97 percent, while the percentage of the comparison group members (N = 118) convicted of a new offense was 43.22 percent. The difference in the recidivism rates among the two groups was statistically significant.¹²

As more participants graduate from mental health courts, the data available for analysis of the program's effectiveness will grow and provide opportunity for more in-depth analyses and further conclusions. Reducing recidivism by over 300 percent within 12 months and continuing to see significant impacts even after participants are no longer under a court's jurisdiction is remarkable. Perhaps most important to note is that individuals who are dually diagnosed with severe and persistent mental illness and a co-occurring substance use disorder are generally believed to be especially difficult to rehabilitate. Yet, the results show that mental health courts have reduced recidivism, improved medication compliance, improved quality of life, and assisted participants in averaging over 300 days of continuous sobriety prior to graduation.

⁹ $t(1,240) = 3.479, p < 0.001$

¹⁰ $t(1,222) = 4.288, p < 0.001$

¹¹ $t(1,200) = 4.154, p < 0.020$

¹² $t(1,175) = 3.503, p < 0.001$

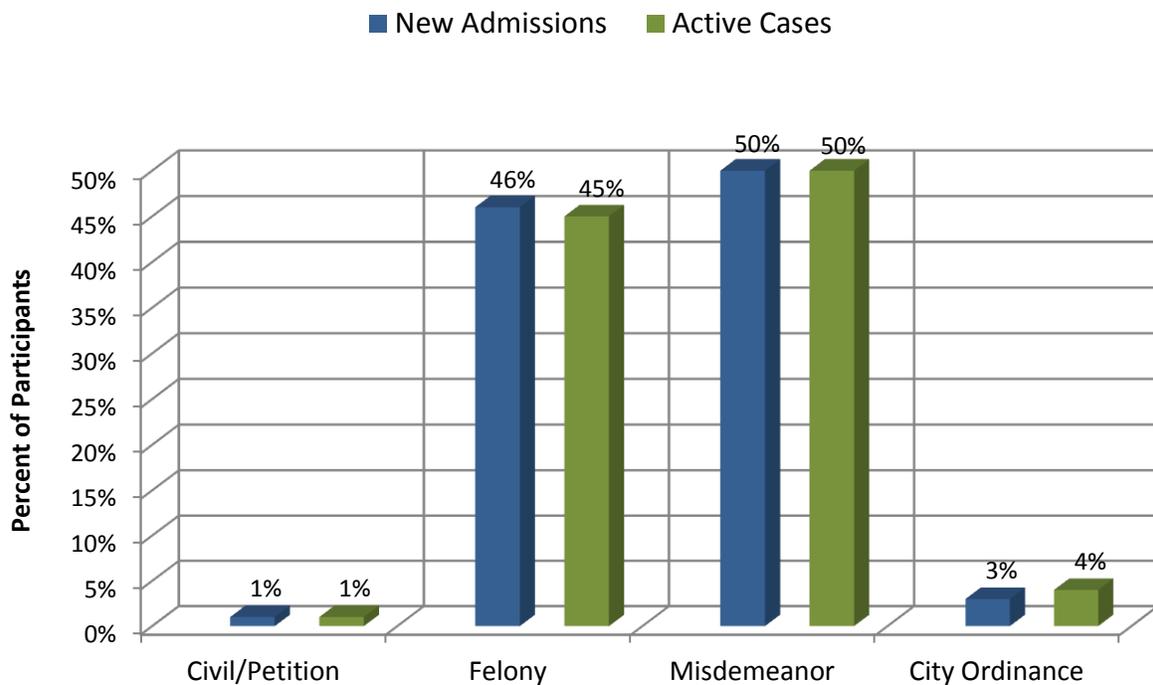
Caseload Statistics

October 1, 2009 – September 30, 2012

Michigan mental health courts screened and admitted 899 individuals and handled a total of 1,052 cases.

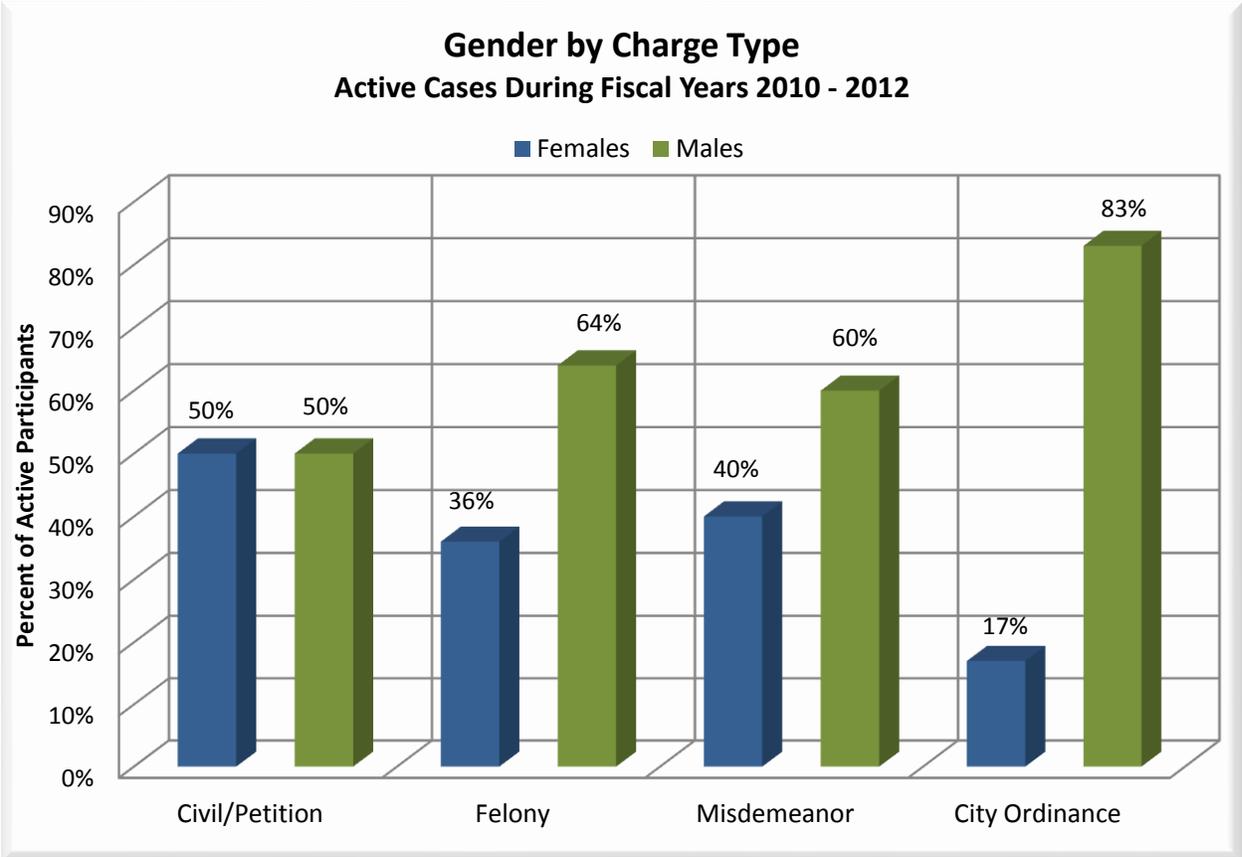
Of the new admissions, 453 participants (50 percent) were misdemeanor offenders, 411 (46 percent) were felony offenders, 26 (3 percent) had a city ordinance violation, 7 (1 percent) had a civil petition, and 2 juveniles faced status offenses. Because there were only two cases of juvenile status offenses, the report addresses civil/petition, felony, misdemeanor, or city ordinance offenses only.

New Admissions and Active Cases From 10 Courts Fiscal Years 2010 - 2012



Overall, males (62 percent) were more likely than females (38 percent) to be admitted into a mental health court.

Participants with city ordinance violations saw the most extreme division between male and female participants, with males comprising 83 percent of the participants. Among the felony participants, 64 percent were male, and among the misdemeanor participants, 60 percent were male. Participants with civil petitions were split evenly at 50 percent, though their numbers were small (N=8).



Non-white participants have more representation in mental health courts than in the general population. The 2012 Michigan census identified 81 percent of Michigan residents as white, including Hispanic, yet 71 percent of the 1,050 active mental health court participant cases were white, including Hispanic.

Misdemeanor and felony offenders were the largest proportion of white participants in the mental health court programs. Individuals with city ordinance violations were predominately non-white, and 50 percent of participants admitted on a civil petition were white.

Table 2
Ethnicity by Charge Type
Active Cases During Fiscal Years 2010 - 2012

	White	African American	Hispanic	Other
Type of Charge	Percent of Participants	Percent of Participants	Percent of Participants	Percent of Participants
Civil/Petition	50	50	0	0
Felony	61	35	1	3
Misdemeanor	82	14	1	3
City Ordinance	37	63	0	0
Total	70	26	1	3

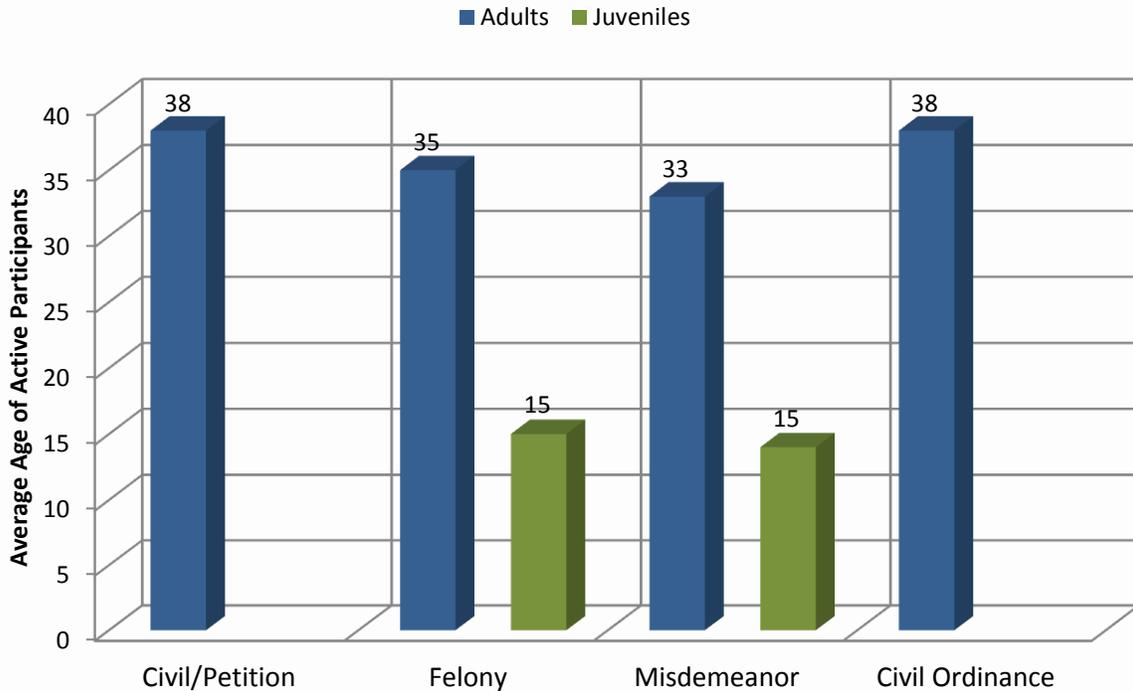
This table includes active cases during fiscal years 2010 through 2012 from ten courts. Asian/Pacific Islander, Multi-racial, Native American, and individuals not identifying with any of the above categories are included in Other.

Overall, adult participants averaged 36 years of age when screened for a mental health court program.

Participants admitted into a mental health court with a civil ordinance or civil/petition charge type averaged 38 years of age at screening. The average age of individuals admitted with a felony charge type or misdemeanor charge type was slightly lower than the state average. Those with a felony charge type averaged 35 years of age at screening, while participants admitted with a misdemeanor charge type averaged 33 years of age. Except for the two juvenile cases entering the mental health court on a status offense that were omitted from the analysis, the remaining juvenile participants entered mental health court programs with felony or misdemeanor charges only. The average age of juvenile participants facing either type of charge was 15 years.

Average Age of Participants by Charge Type

Active Cases During Fiscal Years 2010 - 2012

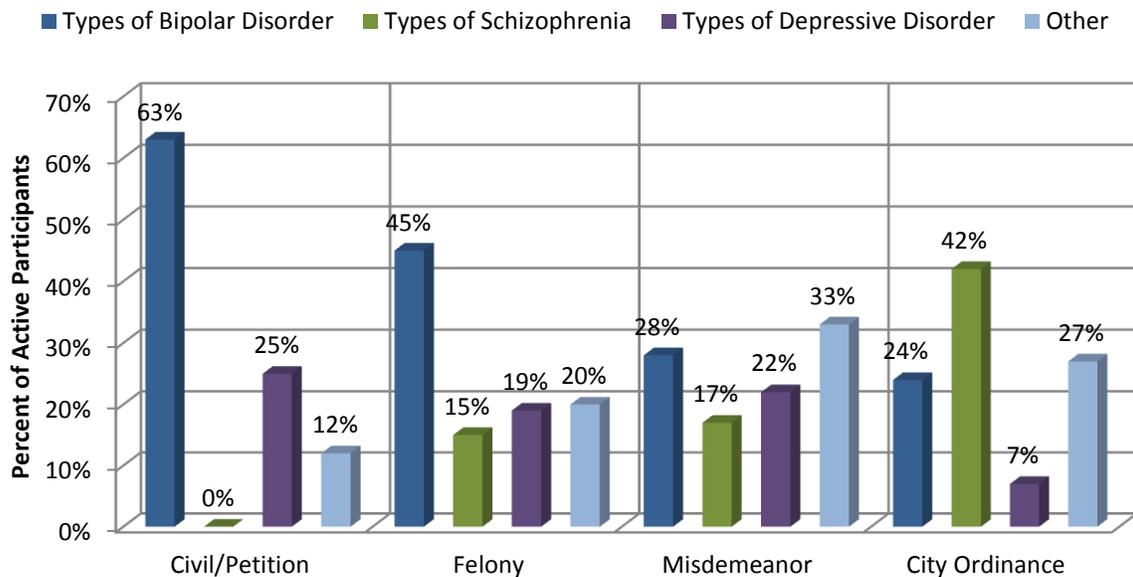


The most common diagnosis among mental health court participants was a type of bipolar disorder, accounting for 36 percent of the participants. Also common was a type of depression and a type of schizophrenia. Additionally, 598 mental health court participants (57 percent of active cases) were also diagnosed with a co-occurring substance use disorder when admitted into a mental health court.

Every mental health court participant must be diagnosed with a DSM-IV Axis I severe and persistent mental illness to be eligible for a mental health court program. In fiscal years 2010 through 2012, mental health court participants were diagnosed with 1 of 57 different DSM-IV mental health disorders. However, three categories of mental illness were most common. A type of bipolar disorder accounted for 36 percent of the participants, a type of depression accounted for 20 percent, and a type of schizophrenia accounted for 17 percent of mental health court participant diagnoses. The remaining participants (27 percent) were diagnosed with a variety of mental illnesses, ranging from psychotic disorder to mild or moderate retardation. The following graph illustrates diagnoses by charge type.

Diagnosis of Participants by Charge Type

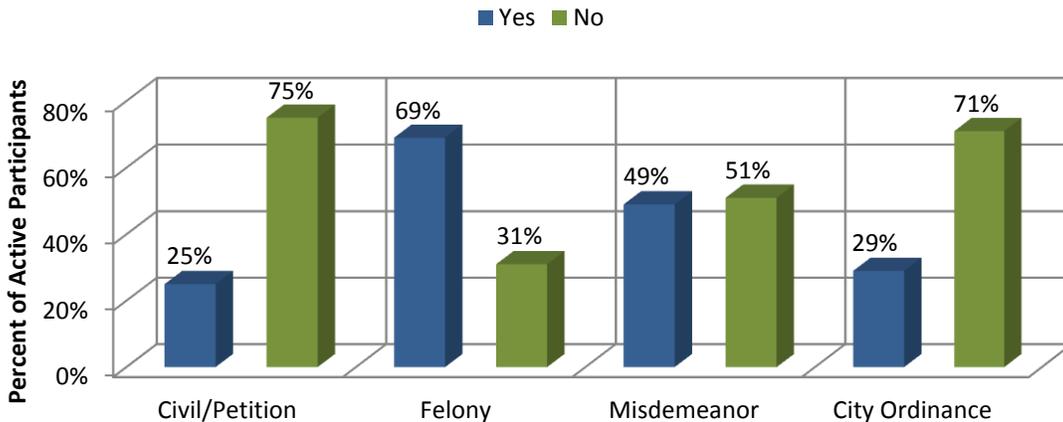
Active Cases During Fiscal Years 2010 - 2012



In addition to a severe and persistent mental illness diagnosis, 57 percent of the participants were diagnosed with a co-occurring substance abuse disorder upon admittance. Felony participants were more likely to deal with co-occurring substance use disorders (69 percent) than participants charged with other types of offenses. Nearly half (49 percent) of the participants charged with a misdemeanor offense suffered from a co-occurring substance use disorder upon admittance into the program. Twenty-nine percent of those charged with a city ordinance offense had a co-occurring substance use disorder at the time of admittance, while the remaining participants (25 percent) with a co-occurring substance use disorder were admitted on a civil/petition offense.

Co-Occurring Disorder Diagnosis by Charge Type

Active Cases During Fiscal Years 2010 - 2012



The drugs of choice that mental health court participants with a substance use disorder in addition to their DSM-IV Axis I mental illness reported are listed in Table 3. Alcohol (29 percent), marijuana (25 percent), cocaine or crack cocaine (17 percent), and heroin (15 percent) were common drugs of choice for participants in mental health court. Felony participants, however, chose drugs other than alcohol at a much higher rate. In fact, only 14 percent of felony participants used alcohol. Heroin (27 percent), cocaine or crack cocaine (26 percent), and marijuana (18 percent) were more common. Similarly, those admitted into a mental health court with a city ordinance offense identified their drug of choice as either cocaine or crack cocaine (42 percent) or marijuana (33 percent) more frequently than alcohol (25 percent).

Table 3
Drug of Choice by Charge Type
Active Cases During Fiscal Years 2010 - 2012

	Alcohol	Cocaine/Crack	Marijuana	Heroin
Type of Charge	Percent of Participants	Percent of Participants	Percent of Participants	Percent of Participants
Civil/Petition	100	0	0	0
Felony	14	26	18	27
Misdemeanor	49	4	34	2
City Ordinance	25	42	33	0
Total	29	17	25	15

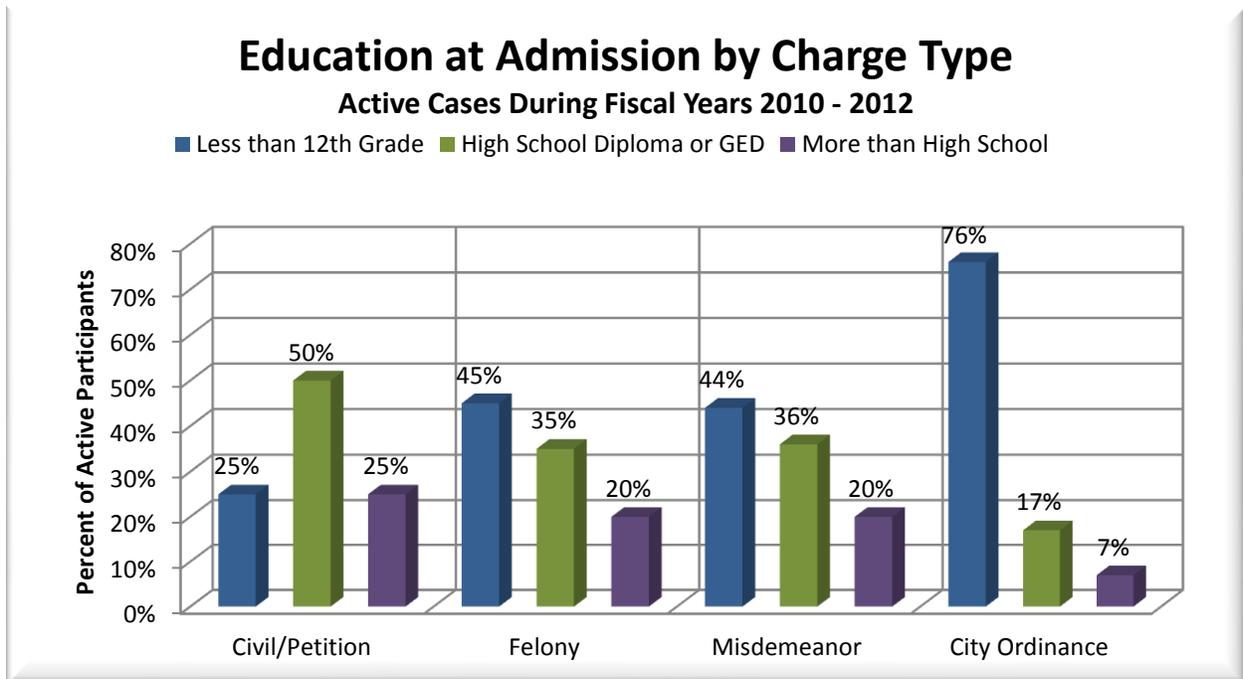
	Multiple Drugs	Opiate	Methamphetamine / Amphetamine	Other
Type of Charge	Percent of Participants	Percent of Participants	Percent of Participants	Percent of Participants
Civil/Petition	0	0	0	0
Felony	4	8	1	2
Misdemeanor	5	3	1	2
City Ordinance	0	0	0	0
Total	4	6	1	3

This table includes active cases during fiscal years 2010 through 2012 from ten courts. Barbiturates, benzodiazepines, club drugs, hallucinogens, inhalants, sedatives, and hypnotics are included as other drugs.

Overall, more than half of the adult participants (54 percent) had a high school diploma or GED, or had more than a high school education when admitted to a mental health court program. Also, most adult participants in mental health court programs were unemployed (59 percent) or not in the labor force (33 percent) at admittance.

The education level and employment status of adult participants when admitted to mental health court programs and the type of charge they entered on are found in the next two graphs. Juvenile participants are not presented in the graphs because all reported having completed the 11th grade or less at the time of admission and were likely still in school. Additionally, all juveniles were unemployed or not in the labor force at the time of admission.

The percentage of participants having a high school diploma, GED, or higher education was highest among those with civil petitions (75 percent). Next highest were misdemeanants at 56 percent, followed by felony offenders at 55 percent, and city ordinance violators at 24 percent.



Only eight percent were employed part- or full-time at admission. Among felony participants, 73 percent were unemployed upon admittance into the program. Of those participants with city ordinance violations, 63 percent were unemployed and 46 percent of misdemeanants were unemployed at the time of admission. Twenty-five percent of the offenders entering the program with a civil petition were unemployed. Participants with a civil/petition charge were most likely to claim they were not in the labor force (50 percent), which is defined as being a full-time student, homemaker, retired, or disabled. However, there were few active cases with this type of charge (N=8). Misdemeanants claimed that they were not in the labor force 44 percent of the time.

Employment Status at Admission by Charge Type

Active Cases During Fiscal Years 2010 - 2012

